



Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: crd@ct.gov • WEB: www.concord-sots.ct.gov

OFFICE USE ONLY
(label)

APPLICATION FOR REGISTRATION OF NAME FOREIGN LIMITED LIABILITY COMPANY

- Use ink. • Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

FILING PARTY (confirmation will be sent to this address): NAME: MAILING ADDRESS: CITY: STATE: COUNTRY: ZIP:	FILING FEE: \$60.00 <i>Make checks payable to "Secretary of the State"</i>
1. THE UNDERSIGNED HEREBY APPLIES FOR REGISTRATION OF THE FOLLOWING LIMITED LIABILITY COMPANY NAME (required) (name must include a business designation such as, LLC, L.L.C., even if a designation is not required in the entity's home state):	
2. (Only if applicable) ALTERNATE NAME IF NAME STATED IN SECTION 1 ABOVE IS NOT AVAILABLE (name must include a business designation such as LLC, L.L.C., etc.):	
3. STATE OR COUNTRY OF FORMATION:	
4. DATE OF FORMATION (mm/dd/yyyy): _____ / _____ / _____	
5. APPLICANT'S FULL LEGAL NAME (required):	
6. APPLICANT'S ADDRESS (required) (must include a street number and a street name; a P.O. box only will be rejected) STREET ADDRESS: CITY: STATE: COUNTRY: ZIP: --	
7. EXECUTION / SIGNATURE (required) (executed under penalties of false statement) (complete items A through D below): A. APPLICANT'S NAME (hand print or type): _____ B. CAPACITY/TITLE (if signing on behalf of an entity): _____ C. SIGNATURE: _____ D. DATE (mm/dd/yyyy): _____ / _____ / _____	
NOTE REGARDING EFFECTIVE PERIOD OF REGISTRATION: The registration of a name is effective for <u>one</u> year after the date of registration. The registration <u>may</u> be renewed by delivering an application for renewal to the Secretary of the State, <u>not earlier than ninety days before the expiration date.</u>	

APPLICATION FOR REGISTRATION OF NAME
FOREIGN LIMITED LIABILITY COMPANY

INSTRUCTIONS

Numbers correspond to section numbers on the form

- 1. LIMITED LIABILITY COMPANY NAME.** Provide the limited liability company's name in its state or country of formation. The name must include an appropriate limited liability company designation such as "LLC," even if a designation is not required in its state or country of formation. See C.G.S. 34-243k.
- 2. THE ALTERNATE NAME ADOPTED PURSUANT TO CGS §34-275e.** If the name of the LLC stated in Section 1 is NOT available for use on the records of the Connecticut Secretary of the State, an alternate name adopted pursuant to C.G.S. 34-275e may be provided. An alternate name must also contain an appropriate limited liability company designation. See C.G.S. 34-243k.
- 3. STATE OR COUNTRY OF FORMATION.** Provide the name of the state of formation, or, if formed outside of the U.S.A., the country of formation.
- 4. DATE OF FORMATION.** Provide the date the limited liability was formed in its state or country of formation.
- 5. APPLICANT'S FULL LEGAL NAME.** Provide the name of the applicant (person or entity) holding the name registration.
- 6. APPLICANT'S ADDRESS.** Provide the applicant's complete street address. A PO Box can be provided as *additional information only*.
- 7. EXECUTION / SIGNATURE.**
 - A. Print or type the complete legal name of the signatory
 - B. If signing on behalf of an entity, print or type the signatory's name and title/capacity in which he/she signs.
 - C. Sign the document
 - D. Print or type the date of signing.

IMPORTANT NOTE: The execution constitutes a statement made under the penalties of false statement that the information provided in the document is true.

NOTE REGARDING EFFECTIVE PERIOD OF REGISTRATION. A name registration is effective for one year after the date of registration and may be renewed for successive one year periods by filing, not earlier than 90 days from the expiration date of the registration, an application for renewal of registration of name. When filed, the renewal application renews the registration for a succeeding one-year period.

OFFICE CONTACT INFORMATION

MAILING ADDRESS:

BUSINESS SERVICES DIVISION
CONNECTICUT SECRETARY OF THE STATE
P.O. BOX 150470
HARTFORD CT 06115-0470

DELIVERY ADDRESS:

BUSINESS SERVICES DIVISION
CONNECTICUT SECRETARY OF THE STATE
165 CAPITOL AVENUE, SUITE 1000
HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov